

**Immediate Services Program  
Crisis Counseling Assistance and Training**

**Client and Service Data Collection Forms**

The attached forms are recommended for use in providing crisis-counseling services. They should be maintained as part of record keeping.

Data collected on these forms will be used if the county should apply for longer-term services under the Regular Services Program.



## CRISIS COUNSELING DAILY LOG \*

- Confidential - for crisis counselor use only

DATE:

NAME:				TEAM #:			
LOCATION/NEIGHBORHOOD:							
TOWN:				COUNTY:			
NAME	SEX	AGE	ETHNICITY	PROBLEM TYPE	ASSISTANCE PROVIDED	AMOUNT TYPE	TYPE OF CONTACT
AGE	ETHNICITY	PROBLEM TYPE		ASSISTANCE PROVIDED		TYPE OF CONTACT	
1. Under 18 2. Adult 3. 65 or older	1. White 2. Hispanic 3. Black 4. American Indian 5. Asian 6. Other	1. Depression 2. Agitation/Anxiety 3. Confusion/Disorientation 4. Exacerbation of pre-existing psychological problem 5. Disaster/Displacement Fears 6. Child Acting Out 7. Adult Acting Out 8. Alcohol/Drug Abuse 9. Need for Information/Assistance 10. Other		1. Individual Crisis Counseling 2. Group Crisis Counseling 3. Screening 4. Education & Information 5. Referral for Longer-term, more formal Mental Health Services 6. Referral to Other Disaster Services Agency 7. Individual Contact with a community leader/public official 8. Other		1. Victim/Survivor 2. Disaster Worker 3. Community Member (e.g., teacher, clergy, citizen)	

### GROUP SERVICES

NAME OF GROUP	TYPE OF GROUP SERVED	TYPE OF CONCERN	SERVICES PROVIDED
<b>GROUPS SERVED:</b> (may use more than one)  1. Church/congregation group 2. Neighborhood groups 3. School groups/students 4. School group/teachers/administrators 5. Human services workers (Ministers/social workers/etc.) 6. Disaster workers (police/fire/emergency medical/etc.) 7. Other (specify)	<b>TYPE OF CONCERN:</b> (may use more than one)  1. Preparedness/Coping Skills & Strategies Learned from Current Disaster 2. Community Supports 3. Need for additional community resources 4. Other (specify)	<b>SERVICES PROVIDED:</b> Show the number of groups receiving each service. More than one type of service may be indicated per group.  1. Education 2. Consultation 3. Planning 4. Other (specify)	

**CRISIS COUNSELING INDIVIDUAL CONTACT SHEET \***

\* Confidential - for crisis counselor use only

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**COMMUNITY SERVICES - GROUP SERVICES**  
**DAILY LOG \***

\* confidential - for crisis counselor use only

<b>Facilitator(s)</b>	
<b>Location</b>	
<b>Date</b>	
<b>Time</b>	
<b>Group Site</b>	
<b>Name of Group</b>	

<b>GROUPS SERVED:</b> (may use more than one)		<b>TYPE OF CONCERN:</b> (may use more than one)		<b>SERVICES PROVIDED:</b> Show the number of groups receiving each service. More than one type of service may be indicated per group.	
1. Church/Congregation Group		1. Preparedness/Coping Skills & Strategies learned from current disaster		1. Education	
2. Neighborhood Groups		2. Community Supports		2. Consultation	
3. School Groups/Students		3. Need for additional community resources		3. Planning	
4. School Groups/Teachers/Administrators		4. Other ( <i>specify</i> )		4. Other ( <i>specify</i> )	
5. Human Service Workers (Ministers/Social Workers etc.)					
6. Disaster Workers (Emergency Medical/etc.)					
7. Other ( <i>specify</i> )					

<b>MEDIA ACTIVITY</b>			
Press Releases/Public Service Announcement		Brochures	
Television Contacts		Flyers	
Radio Contacts		Direct Mail Letters	
Newsletters		Questionnaires	
Other ( <i>specify</i> )		Interviews	